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omplete and send of DCT 1 2 2004	P.O. Box 145 Alexandria,	Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450							
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LEONARD BLOOM & ASSOCIATES, LLC Intellectual Property Law Offices Suite 220				I hereby certify t States Postal Ser addressed to the transmitted to the	Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (703) 746-4000, on the date indicated below.				
502 Washington Avenue					Kelli Kittleson (Depositor's name)				
Towson, MD 21204				Ree	(Signature)				
				10-12-	-04				
APPLICATION NO.	FILING DATE	1	FIRST NAMED IN	IVENTOR	ATTORNE	OOCKET NO.	CONFIRMATION	N NO.	
40/035,053 12/28/2001 Paolo Di Emidi				nidio	214 10/15/2004 AW	129-PA -	101 10035053		
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EXAMINER		ART UNIT		CLASS-SUBCLASS		0.00			
DAVIS, DANIEL J		3731		606-069000	606-069000 \$1				
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).			2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys 1						
☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.			or agents OR, alternatively, (2) the name of a single firm (having as a member a						
"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is 3						
3. ASSIGNEE NAME AND	RESIDENCE DATA TO E	E PRINTED ON	THE PATENT (orint or type)					
PLEASE NOTE: Unless recordation as set forth in	s an assignee is identified by 37 CFR 3.11. Completion	elow, no assignee of this form is NO	data will appear T a substitute for	on the patent. If an filing an assignment.	assignee is identi	fied below, the	document has beer	i filed for	
(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)									
PIERGIACOMI SUD-S.R.L. FRAZIONE (MONTEPRANI				ENTOBUCHI V		• •	3		
Please check the appropriate	e assignee category or catego				Corporation		group entity 🚨 go	overnment	
4a. The following fcc(s) are									
			-	f Fce(s): in the amount of the fee(s) is enclosed.					
☐ Publication Fee (No small entity discount permitted) ☐ Payment				redit card. Form PTO-2038 is attached.					
Advance Order - # of	r is hereby authorized	l by charge the re	quired fee(s), or	credit any overpa	iyment, to				

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a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.

5. Change in Entity Status (from status indicated above)

(Authorized Signature)

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10-12-04

□ b. Applicant is not claiming SMALL ENTITY status. See, e.g., 37 CFR 1.27(g)(2).